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ABSTRACT

This instructor's guide provides materials for a nursing skills course designed to teach basic home nursing skills to families who plan to care for a chronically ill or elderly family member at home. It may be taught by a registered nurse with knowledge of all areas or by a team, with each instructor concentrating on his/her area of expertise. Course content is organized into six units: the home care environment, mobility, meal time, personal care, the bed patient, and working with health care professionals. Each unit involves the family in considering the special needs of the patient/family member and in planning how to incorporate home care into the family's daily life. Active participation helps to develop the basic nursing skills being taught. Introductory materials include facts and fallacies of caregiving; caregiver education philosophy; and classroom setup and teaching suggestions. Each unit consists of these components: an introduction; suggestions for instructor; points to cover; questions regarding community resources; and examples of handouts. Appendixes, amounting to approximately one-half of the guide, include sample class schedules, objectives, pretest, and posttest for a basic and an advanced course; sample handouts; evaluation form; and certificate. (14 references; 10 resources) (YLB)

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TEACHING BASIC CAREGIVER SKILLS

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Health.
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TEACHING
BASIC CAREGIVER
SKILLS

Susan Schenk, R.N., P.H.N.
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Editors

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PREFACE

Grossmont District Hospital developed a comprehensive education and training program for caregivers in the San Diego area. Funded in part by a grant from the Federal Government, this demonstration project was designed to impart specific nursing, psychosocial and community knowledge skills to caregivers, particularly those who are older adults who will be caring for a family member at home.

Featuring basic home nursing instruction and an orientation to the demands and rewards of caregiving, this unique program began in December, 1986. The Caregiver Education and Training (CET) Project included the following two components:

1. Two integrated home nursing courses demonstrated the basic home nursing skills to families who cared for an ill, frail, impaired or older family member in the home. Topics included home safety, skin care, transfers, personal hygiene, nutrition, record keeping, urinary and bowel management, etc.

2. A companion course focused on the psychosocial aspects of caregiving and provided information about community resources. This "Becoming a Caregiver" course dealt with such issues as the rewards and pitfalls of caregiving, common emotional reactions to this role, community resources for home care, alternatives to home care, and the decision making process.

Although this education and training program was oriented towards those who were caring for a family member in the home, the sessions were open to anyone who was currently helping, or anticipating helping, an older person to remain in the home. These home nursing and psychosocial courses were not intended to supplant existing services in the community such as case management, home health, respite or hospital discharge planning services. Instead, they were designed to add to and complement any education and training efforts which may be of assistance to any and all caregivers in the community.

Two instructional guides on the caregiver education and training program were written. This particular instructional guide relates to the community resource and psychosocial course only.

CAREGIVING: FACTS AND FALLACIES

More and more Americans who once might have spent months or years in hospitals or nursing homes are today being cared for at home. They are under the supervision of a relative or friend.

As America's population ages, the need for long-term care - and caregivers - increases. In 1982, over 1.2 million frail and disabled elderly were receiving this so-called informal care, mainly in the home setting. The average older person receiving such care was a 78-year-old, married female living with either her husband or her husband and one of their children.

And who was providing this needed care? As a group, these 2.2 million caregivers were largely female. Their average age was 57. Seventy-five percent lived with the older person, one-third continued to be employed outside the home, and one-fourth also had children under the age of 18 living at home.

That was 1982. The same is true today. And the main reason that more Americans are caring for parents today is that they are living longer - long enough to suffer the debilitating stages of chronic illness and disease. In 1900, the average American lived to the age of 49. Now, we can expect to live to the ripe old age of 75. By the year 2000, over 17 million people in our country will be 75 years of age and older.

While most older people are healthy and independent, about one-fourth of them need help in coping with the routine activities of daily living such as feeding, dressing, bathing, toileting, meal preparation, household chores and shopping. About 10% are bedfast or homebound and just as functionally impaired as their peers in nursing homes.

But Medicare and other forms of private health insurance do not always pay the costs of out-of-home custodial care. And only the affluent can afford the high fees charged by long-term care facilities, often called nursing or convalescent homes. Thus, more people must themselves become caregivers for their loved ones - often without formal assistance.

It is family members - wives and husbands, daughters and sons, daughters-in-law and other relatives - who provide the great majority of help needed by older people to continue living in their own homes and communities. Thus caregiving is indeed a concern to literally millions of Americans.

But who are these participants - the actors and actresses, so to speak - in this very real drama called caregiving?

Who Receives Care?

* One-fifth of the care recipients are 85 years of age or older; their average age is 77.7 years.
* Sixty percent are female.
* Fifty percent are married; 41% are widowed.
* Approximately 11% live alone.
* One-third are poor or near poor.
* Thirty-eight percent rate their general health as poor.
* Only one-fifth report no ADL (activities of daily living) limitations; 13% report 5 or 6 ADL limitations.

Who Are the Caregivers?

* Almost three-fourths are female (29% are daughters, 23% are wives). Only 13% are husbands.
* The average caregiver is 57.3 years old. One-fourth are 65-74 years old; 10% are over 75.
* Approximately 70% are married.
* Three-fourths live with the person they care for.
* One-third of the caregivers are still employed outside the home setting.
* Twenty-five percent rate their health as excellent; another 25% rate theirs as only fair or poor.
* One-third report poor or near poor income.

What Do These Caregivers Do?

* Two-thirds help with one or more of the following: feeding, bathing, dressing and toileting.
* Forty-six percent help with mobility - moving around the house, getting in and out of bed, etc.
* Fifty-three percent administer medications.
* Eighty-six percent help with shopping and/or transportation.
* Eighty percent spend time performing one or more household tasks like meal preparation, house cleaning, laundry.
* One-half handle financial affairs.

How Often Are They Caregivers?

* One-fifth have been providing care for five years or more; 18% less than one year; 44% one to four years.
* Eighty percent provide care seven days a week.
* The average caregiver spends four extra hours a day on caregiving tasks.

What Else Do Caregivers Do?

* One-fourth also have children under the age of 18 living at home.
* Nine percent have to leave their jobs to become caregivers.
* One million continue to work outside the home setting.
* But one-fifth have had to decrease their work hours; 29% had to rearrange their work schedules; and 19% took time off without pay.

CAREGIVER EDUCATION PHILOSOPHY

Increasing attention is being paid to the needs of persons providing primary care to family members or friends. The demands placed on a caregiver can greatly impact their own emotional and financial situation. Many caregivers have to leave their jobs or reduce their working hours, rearrange their daily schedules and often take time off without pay due to caregiving responsibilities.

The caregiver is often unprepared and untrained for their new role. While adjusting to the emotional aspects of illness, the caregiver is also coping with learning new home nursing skills.

Caregiver education is a necessity in addressing the needs of the elderly population and its caregivers. Support must be given to the caregiver and attention needs to be paid to their physical and mental health. Through education, caregivers not only acquire essential skills, but also are given permission to care for themselves. Thus caregiver education insures quality care for the patient AND the caregiver.

BASIC CAREGIVER SKILLS:

GENERAL INFORMATION

This nursing skills course is designed to teach basic home nursing skills to families who plan to care for a chronically ill or elderly family member at home. The course is intended to help meet the increasing need for family involvement in care of the aging population.

This course may be taught by a registered nurse with knowledge of basic bedside nursing skills, home care and/or rehabilitation nursing, and emergency techniques. Another way of organizing the teaching responsibilities would be to use a team teaching approach, with each instructor concentrating on his or her area of expertise. Patient teaching and/or public speaking skills are helpful.

Course content is organized in six sections, each of which covers a topic of essential consideration in home nursing care. Each section involves the family in considering the special needs of their patient/family member and in planning how they will incorporate home care into their family's daily life. In all sections, active participation helps to develop the basic nursing skills being taught.

This Instructor's Guide outlines classroom presentation suggestions for use with the accompanying Caregiver videotape. Two additional topics, The Home Care Environment and Working With Health Care Professionals, are also included in a format of instructor-guided group discussion.

You may wish to expand or modify the nursing skills instruction in view of your students' needs and/or the resources available in your setting. In the appendices you will find course outlines for two formats we have used; these will undoubtedly suggest further options to you as you prepare your own class format.

We have chosen to organize our caregiver education program into two separate classes - a basic course and an advanced course. The Basic Home Nursing Class is an eight-hour course held on Tuesday and Thursday afternoons from 1-5 p.m. The sessions focus on basic caregiver issues such as planning for home care, transfers, community resources, personal care, nutrition and reporting signs and symptoms. The Advanced Home Nursing Class is held on the following Friday and is comprised of six hours of instruction designed to meet the special needs of the helpless patient or the patient who is confined to bed most or all of the time.

In the course outlines you will see references to a video series that we use in our classes. "At Home With Home Care", Billy Budd Films, New York, is an excellent series if you plan an expanded course, and your budget allows for the investment.

We have also included examples of handouts we have used to supplement the video and lecture materials. Class schedules, outlines and behavioral objectives are from our classes and may be used as guides for your course preparation.

We found that interest and support for caregiver training came from a wide range of sources. Professionals volunteered to assist with classroom teaching or instructor consultation; medical equipment suppliers donated classroom equipment and advertising brochures; and experienced caregivers shared a wealth of helpful hints from their own real-life caregiving. As your caregiver training program becomes known in your community, you will be able to draw upon more and more resources to enrich your training efforts.

CLASSROOM SET-UP AND TEACHING SUGGESTIONS

Equipment and supplies for room:

* Tables and chairs
* Video projection equipment
* Sign-in sheet
* Nametags
* Participant packets to include:
  - -class schedule
  - -advertising brochures
  - -local resource list
* Hospital type bed (with electric controls)
* Wheelchair
* Commode
* Mobility aids
* Mechanical lift device
* Bed linens and pillows
* Bedpan and fracture pan

Class format:

* Introduction of instructor and each participant (allow time for each to share briefly their caregiving situation)
* Pretest (if used, color code)
* Review of participant packet contents, including class schedule, breaks, comfort facilities location, etc.
* Section presentations
* Post-test (if used, color code)
* Evaluations by participants
* Certificate presentations

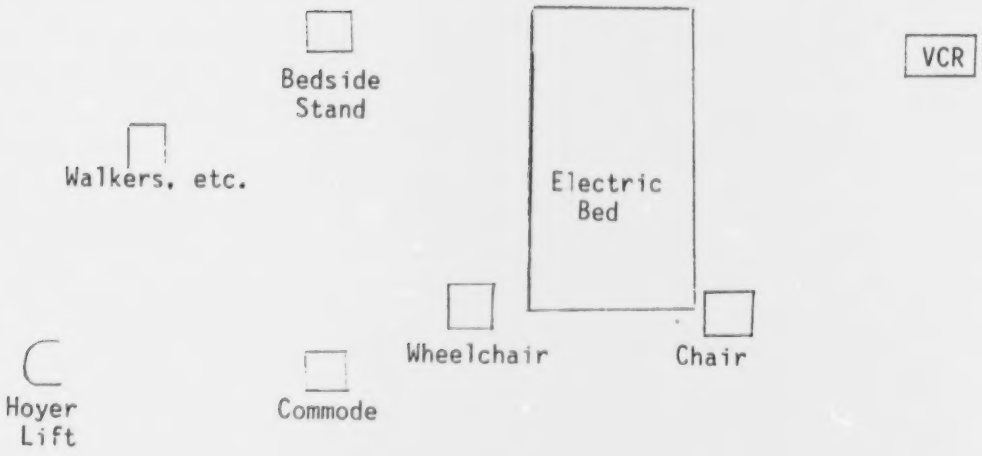
Method of presentation of sections with video component:

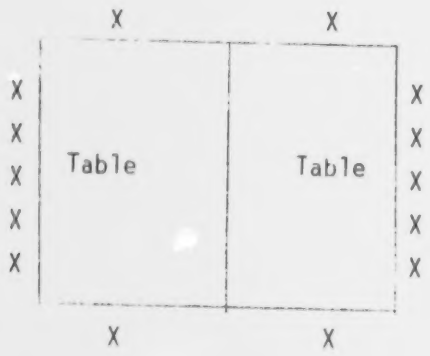
* Tell what the tape covers
* Show tape segment
* Group discussion of tape
* Instructor-led review of Points to Cover
* Practice techniques illustrated on video if appropriate (each participant should have a turn as the caregiver and as the patient)
* Review specific information you have obtained as you worked with the Follow-up Questions For Your Community

You, as instructor of this course, might give each participant your phone number along with an invitation to call with future questions and/or progress reports if appropriate to your situation. Participants appreciate the ongoing contact and support it affords them. We also tell them they now have a "lifetime membership" in the Caregiver Training Program, and they may come back to any class in the future.

Above all, keep your enthusiasm for home care and enjoy this course: "If you're not having fun, you're not doing it right"!

CLASSROOM SET-UP SUGGESTIONS





UNIT 1: THE HOME CARE ENVIRONMENT

Home care environment planning is one of the initial subjects discussed. Planning for home care takes some thought on part of the caregiver. The instructor can provide suggestions and enhance the video by addressing the following outline.

SUGGESTIONS FOR INSTRUCTOR:

Refer to Appendix A through J for examples of course outlines, objectives, class schedules and pre and post tests.

Handouts: "In Case of Emergency/911"
"When Breathing Stops"

POINTS TO COVER:

1. Safety

   Emergency issues are discussed (examples of emergencies and what to do, who to call, and where to go). Planning ahead by developing a plan and having emergency phone numbers is stressed. Fire extinguishers and smoke detectors are suggested.

2. Physical Environment

   Issues related to safety around the home are addressed (ie: furniture placement, scatter rugs, clothing worn, railings, etc.).

3. Time Management

   Priority setting is addressed as well as planning rest time and time away for the caregiver.

4. Including the Patient In Plans and Activities

   Group discussion on methods of including the patient in plans and activities which relate to their past likes and current mental and physical abilities.

QUESTIONS FOR YOUR COMMUNITY:

1. What is your community's medical emergency protocol? Whom do you call for what?

2. Where can you purchase fire extinguishers? Smoke detectors?

3. Is an emergency response program (i.e. Lifeline) available in your area?

4. Who do you call and where do you go to enroll in a CPR class?

In Case of Emergency Dial 911 for

• Ambulance • Fire • Police

Give This Information

- Describe the emergency
- Street address or directions
- The telephone number you are calling from

Alert Responding Units by

- Turning on the house lights
- Flashing yard/porch lights
- Sending person to wave

Do you know how to get help if you need it? Police, Fire Department, or Paramedics will respond if you *Dial 911.*

What is 911?

This is an emergency number for the Fire Department, Police or Emergency Medical help.

Did you know?

911 can be dialed on any pay phone without depositing any coins!

When you dial 911:

1. Briefly describe the nature of the emergency and the victim's problem.
   a. bleeding b. breathing c. burns d. broken bones e. heart problems, etc.
2. Give name, address and phone number, *do not hang up!*
3. Let the 911 operator end the conversation. He/she may have some helpful hints for you to aid the victim before the emergency people arrive.
4. Have someone meet the rescue people on the street or driveway if possible.
5. At night, turn on the porch light and the lights inside the house, or use a flashlight or lantern if you are not in a residence. Turn the porch light on and off if possible.

WHEN BREATHING STOPS

IF A VICTIM APPEARS TO BE UNCONSCIOUS

TAP VICTIM ON THE SHOULDER AND SHOUT, "ARE YOU OKAY?"

IF THERE IS NO RESPONSE

TILT THE VICTIM'S HEAD, CHIN POINTING UP. Place one hand under the victim's neck and gently lift. At the same time, push with the other hand on the victim's forehead. This will move the tongue away from the back of the throat to open the airway.

IMMEDIATELY LOOK, LISTEN, AND FEEL FOR AIR.
While maintaining the backward head tilt position, place your cheek and ear close to the victim's mouth and nose. Look for the chest to rise and fall while you listen and feel for the return of air. Check for about 5 seconds.

IF THE VICTIM IS NOT BREATHING

GIVE FOUR QUICK BREATHS.
Maintain the backward head tilt, pinch the victim's nose with the hand that is on the victim's forehead to prevent leakage of air, open your mouth wide, take a deep breath, seal your mouth around the victim's mouth, and blow into the victim's mouth with four quick but full breaths just as fast as you can. When blowing, use only enough time between breaths to lift your head slightly for better inhalation. **For an infant,** give gentle puffs and blow through the mouth *and* nose and do not tilt the head back as far as for an adult.

If you do not get an air exchange when you blow, it may help to reposition the head and try again.

AGAIN, LOOK, LISTEN, AND FEEL FOR AIR EXCHANGE.

IF THERE IS STILL NO BREATHING

CHANGE RATE TO ONE BREATH EVERY 5 SECONDS **FOR AN ADULT.**

FOR A CHILD, GIVE ONE BREATH EVERY 4 SECONDS.

FOR AN INFANT, GIVE ONE GENTLE PUFF EVERY 3 SECONDS.

MOUTH-TO-NOSE METHOD

The mouth-to-nose method can be used with the sequence described above instead of the mouth-to-mouth method. Maintain the backward head-tilt position with the hand on the victim's forehead. Remove the hand from under the neck and close the victim's mouth. Blow into the victim's nose. Open the victim's mouth for the look, listen, and feel step.

For more information about these and other life saving techniques, contact your Red Cross chapter for training.

American Red Cross

ARTIFICIAL RESPIRATION

The programs of the American Red Cross are made possible by the voluntary services and financial support of the American people.

Poster 1002-A
Rev. May 1984

UNIT 2: MOBILITY

Maintaining or regaining mobility is of great importance to both the patient and the caregiver. For the patient, the ability to move from place to place carries benefits in the areas of self-concept, independence and real physiologically-based well-being. For the caregiver, each increase in the patient's mobility can reduce the physical strain of fulltime caregiving.

SUGGESTIONS FOR INSTRUCTOR:

If possible, consult with a physical therapist to review your plans for teaching and supervising various patient transfers.

Familiarize yourself with all assistive devices to be used in class.

POINTS TO COVER:

1. Problems associated with immobility (skin breakdown, complications to all body systems - respiratory, cardiac, neurological, digestive).

2. Differences between assistive and dependent transfers. Demonstrate and have students practice an assistive transfer from bed to chair, wheelchair or commode and return to bed.

3. Discuss safety precautions for both patient and helper during ambulation and/or transfer.

4. Review environmental barriers and helps to patient mobility (floor coverings, lighting, furniture placement, footwear, stairs and stairrails, etc.).

5. Demonstrate the use of a gait belt and discuss appropriate use. Discuss safe alternatives to a purchased gait belt. Identify situations in which gait belt use would be inappropriate.

6. Demonstrate good body mechanics during transfers.

7. Refer specific or complex mobility questions to patient's physician.

QUESTIONS FOR YOUR COMMUNITY:

1. Where can mobility assistance devices be obtained?

2. In case of a patient fall, who might be available for assistance?

UNIT 3: MEAL TIME

Meeting nutritional needs can help maintain health and promote healing. It is important that the caregiver provide for those nutritional needs while also providing appetizing food in a pleasant and relaxed setting.

SUGGESTIONS FOR INSTRUCTOR:

Handouts: "Food For Fitness: A Daily Guide"
"Feeding the Dysphagic Patient"
"Nutritional Prevention and Treatment of Decubitive Ulcers"
See appendix K, L and M for additional instructional materials

Feeding Aids: Padded Spoon
Straw
Colored Glasses
Deep Edged Plates
Aprons
Spill-proof Cups

POINTS TO COVER:

1. Special Diets

   Types are identified by the caregiver. Families are instructed to consult their physician for problems in this area or for the possibility of meeting with a dietician.

2. Planning, Preparation and Food Service

   The four basic food groups are identified along with normal daily requirements (see Pages 17-19, "Food For Fitness"). Caregivers are asked to discuss things which need to be considered when planning and preparing meals.

3. Fluid Intake

   The importance of adequate fluid intake is stressed and normal daily fluid requirements are explained.

4. Positioning For Eating

   The caregivers are shown the proper positioning for meals.

5. Feeding

   "Feeding the Dysphagic Patient" handout (see Page 20) is used to facilitate questions and stimulate discussion.

6. Choking Procedures

   Caregivers are encouraged to attend CPR classes. The Heimlich Maneuver is demonstrated along with a modified return demonstration.

QUESTIONS FOR YOUR COMMUNITY:

1. Does your community have a federally sponsored nutrition program?

2. Are home delivered meals (i.e. Meals On Wheels) available?

3. Where are CPR classes offered?

4. Where can one buy feeding aids? Can they be improvised?

5. Who can one contact when questions about a diet or about nutrition arise?

6. Where can one go to have dentures sized?

FOOD FOR FITNESS: A DAILY GUIDE*

MEAT GROUP

Foods Included

Beef, veal, lamb, pork, variety meats, such as liver, heart, kidney.
Poultry and eggs
Fish and shellfish
As alternates - dry beans, dry peas, lentils, nuts, peanuts, peanut butter

AMOUNTS RECOMMENDED

Choose 2 or more servings every day.

Counts as a serving: 2 to 3 ounces of lean cooked meat, poultry, or fish - all without bone. One egg; 1/2 cup cooked dry beans, dry peas, or lentils; 2 tablespoons peanut butter may replace one-half serving of meat.

VEGETABLE-FRUIT GROUP

Foods Included

All vegetables and fruits. This guide emphasizes those that are valuable as sources of vitamin C and Vitamin A.

Sources of Vitamin C

Good sources - Grapefruit or grapefruit juice, orange or orange juice, cantaloupe, guava, mango, papaya, raw strawberries, broccoli, Brussels sprouts, green pepper, sweet red pepper

Fair sources - Honeydew melon, lemon, tangerine or tangerine juice, watermelon, asparagus, cabbage, collards, garden cress, kale, kohlrabi, mustard greens, potatoes and sweet potatoes cooked in the jacket, spinach, tomatoes, or tomato juice, turnip greens

Sources of Vitamin A

Dark green and deep yellow vegetables and a few fruits - namely apricots, broccoli, cantaloupe, carrots, chard, collards, cress, kale, mango, persimmon, pumpkin, spinach, sweet potatoes, turnip greens and other dark green leaves, winter squash

AMOUNTS RECOMMENDED

Choose 4 or more servings every day, including -

1 serving of a good source of vitamin C or 2 servings of a fair source.

1 serving, at least every other day, of a good source of vitamin A. If the food chosen for vitamin C is also a good source of vitamin A, the additional serving of a vitamin A food may be omitted.

The remaining 1 to 3 or more servings may be of any vegetable, or fruit, including those that are valuable for vitamin C and for vitamin A.

Count as 1 serving: 1/2 cup of vegetable or fruit; or a portion as ordinarily served, such as 1 medium apple, banana, orange, or potato, half a medium grapefruit or cantaloupe, or the juice of 1 lemon.

MILK GROUP

Foods Included

Milk - fluid whole, evaporated, skim, dry, buttermilk
Cheese - cottage, cream, Cheddar-type, natural or process
Ice cream

AMOUNTS RECOMMENDED

Some milk every day for everyone.

Recommended amounts are given below in terms of 8-ounce cups of whole fluid milk:

Adults . . . . 2 or more

Part or all of the milk may be fluid skim milk, buttermilk, evaporated milk, or dry milk.

Cheese and ice cream may replace part of the milk. The amount of either it will take to replace a given amount of milk is figured on the basis of calcium content. Common portions of cheese and of ice cream and their milk equivalents in calcium are -

1-inch cube Cheddar-type cheese	=	1/2 cup milk
1/2 cup cottage cheese	=	1/3 cup milk
2 tablespoons cream cheese	=	1 tablespoon milk
1/2 cup ice cream or ice milk	=	1/3 cup milk

BREAD-CEREAL GROUP

Foods Included

All breads and cereals that are whole grain, enriched, or restored. Check labels to be sure.

Specially, this group includes breads, cooked cereals, ready-to-eat cereals, cornmeal, crackers, flour, grits, macaroni and spaghetti, noodles, rice, rolled oats, and quick breads and other baked goods if made with whole-grain or enriched flour. Bulgur and parboiled rice and wheat also may be included in the group.

AMOUNTS RECOMMENDED

Choose 4 servings or more daily. Or, if no cereals are chosen, have an extra serving of breads or baked goods, which will make at least 5 servings from this group daily.

Count as 1 serving 1 slice of bread, 1 ounce ready-to-eat cereal, 1/2 to 3/4 cup cooked cereal, cornmeal, grits, macaroni, noodles, rice or spaghetti.

OTHER FOODS

To round out meals and meet energy needs, almost everyone will use some foods not specified in the four food griups. Such foods include: unenriched, refined breads, cereals, flours; sugar; butter, margerine, other fats. These often are ingredients in a recipe or added to other foods during preparation or at the table.

Try to include some vegetable oil among the fats used.

*U.S. Department of Agriculture, Nutrition: Food at Work for You (Washington, D.C., 1975).

FEEDING THE DYSPHAGIC PATIENT

1. Environment: minimize distractions in the room. Turn off the TV or radio, limit the number of people in the room, etc. Make the environment pleasant and cheerful.

2. Positioning: Position patient approximately 90° from horizontal in bed, or seated in chair if head control is adequate. Tilt the head slightly forward.

3. Use appropriate consistency and types of food:
   Purees are easier than foods needing to be chewed.
   Thick liquids are easier than thin liquids.

4. Amount, rate, and duration of feeding: offer small sips of liquids. A shortened straw may help. Present ¼ to ½ teaspoons of food per swallow. Begin with short, frequent feedings of approximately 10 to 20 minutes per session.

5. Steps of Swallowing:
   -Check mouth before and after eating, look for pocketing, excess mucous and food particles.
   -Put small amount of food far back on the tongue and on the strong side, if applicable.
   -Talk the patient through the steps.
   "Close your mouth; hold your breath; think about swallowing; swallow."
   -Do not leave a patient unsupervised during the meal.

NUTRITION

Prevention and Treatment of Decubitus Ulcers

* NUTRITION FACTORS FOR HIGH RISK OF DECUBITI:

- Obesity
- Underweight
- Protein deficiency (low albumin)
- Anemia (low hgb)
- Hyperglycemia
- Dehydration
- Atherosclerosis
- Inadequate food intake

* NUTRITION AND HEALING:

- High protein, high carbohydrate, moderate fat diet (1.5 gm Protein/kg body wt.)
- Adequate fluids (at least 4 - 6 cups of fluid per day)
- Vitamin C (supplements of 250 mg. 2-3 times per day)
- B Vitamins (thiamine, niacin, riboflavin, folate, B_{12}, pyridoxine - supplement of RDA)
- Vitamins E, K
- Iron (if indicated)
- Zinc (common supplement is zinc sulfate, 200 mg. 3 times per day)

REFERENCE: Natow, "Nutrition in Prevention and Treatment of Decubitus Ulcers", Topics in Clinical Nursing, 5: July 1983, P. 39-44.

UNIT 4: PERSONAL CARE

Personal care includes grooming, dressing and personal hygiene activities that most adults manage for themselves. Some personal care activities are considered to be very personal and private, so that the need for assistance may be embarrassing to both patient and caregiver. Nevertheless, personal care must be done, and is an important activity in caregiving. All personal care activities that the patient can do either independently or with some discrete assistance provide needed exercise and enhance self esteem.

SUGGESTIONS FOR INSTRUCTOR:

Caregivers will probably share a variety of concerns and will provide each other with an abundance of hints and tips for solution of problems. Monitor the suggestions, offer correction where necessary, and prepare to learn more than you teach in this section!

SPECIFIC EQUIPMENT/SUPPLIES

Brochures or catalogs of bathroom safety devices (grab bars for tub and toilet areas, set elevators for toilet, tub stool/chair, etc.). Refer to appendix N and O for examples.

POINTS TO COVER

1. What personal care functions are the class participants now providing?

2. What problems do they have in helping with personal care?

3. Emphasize a variety of benefits to the patient and caregiver of good personal care.

4. Discuss the need for hand washing before and after providing personal care.

5. Identify the possible consequences to the skin of pressure, friction, excess moisture and dryness.

6. Describe the benefits of good grooming to the patient's physical, mental and emotional health.

7. Discuss various safety and assistive devices and equipment available based on the patients' needs.

8. Encourage discussion of plans for bathing and skin care of the patient, in keeping with the patient's self-care abilities. Include attention to the patient's need for privacy and dignity.

QUESTIONS FOR YOUR COMMUNITY:

1. What services or agencies are available to help provide assistance with personal care?

2. What is the range of costs for the available services?

UNIT 5: THE BED PATIENT

The patient who is confined most or all of the time to bed requires special care and attention. The caregiver will need to pay even more attention to the potential for skin breakdown and to the hazards associated with immobility. Even though the patient may be confined to bed, he or she may be able to perform many self-care activities, and needs to be encouraged to do as much as possible.

SUGGESTIONS FOR INSTRUCTOR:

Practice in turning and positioning the bed patient will be particularly helpful to caregivers if they take the role of patient as well as caregiver. They have the chance to experience as well as practice caregiving skills, which seems to increase their confidence immensely.

SPECIFIC EQUIPMENT/SUPPLIES

See classroom set-up and teaching suggestions section; you will need at least 4-5 pillows for positioning and plenty of clean pillowcases.

Flat sheets are often used as turn sheets in the home setting, so these are demonstrated in class.

POINTS TO COVER:

1. How can you arrange your patient's bed and surroundings for the best patient and caregiver safety, comfort and convenience?

2. Considering the caregiver's abilities and limitations, what kind of assistance might they need?

3. Differentiate between the hospital-type bed and the home-type bed.

4. Emphasize the importance of keeping the bottom bedding clean and dry, free of wrinkles and foreign objects.

5. Discuss the use of siderails and/or overhead trapeze.

6. Point out that patients need protection against chilling during a bed bath - suggest a cotton bath blanket or a beach towel to cover.

7. During a bed bath, reduce the amount of soap used, rinse thoroughly to remove soap residue, and change water often.

8. Begin bath with cleaner area (ex: face); then work toward dirtier.

9. Supervise student practice of turning, positioning, bedpan placement and removal. Review video if necessary for reminders.

10. Extremities are moved using a full-hand grasp of joints; do not grasp the fuller muscle area nor use fingertips for grasp.

11. Following practice in turning and positioning, students can usually describe the changing of an occupied bed with accuracy and confidence.

12. If you have access to a mechanical lift and are competent to teach its use, include a demonstration in class. Otherwise, point out that such devices are frequently used in home care; the supplier of such a device should carefully instruct the consumer in proper operation and safety precautions.

13. During practice sessions, we encourage students to role-play each other's patient. This gives them practice in providing accurate description (reinforcing the section on Communicating With Health Care Professionals). It also gives a chance to gain a different perspective on their own situation through their classmates' role-playing and the associated interaction.

QUESTIONS FOR YOUR COMMUNITY:

1. What supplies and services are available in the community for home care of a bed patient?

2. How can caregivers locate the supplies and/or equipment they may need?

3. In a real emergency, who should be called for help? Paramedics, police, sheriff, fire department, local physician or hospital emergency service? Phone numbers.

UNIT 6: WORKING WITH HEALTH CARE PROFESSIONALS

Knowledge of specific signs and/or symptoms and the terms used to describe them can help the caregiver to better relate to Health Care Professionals.

SUGGESTIONS FOR INSTRUCTOR:

Refer to appendix for sample of class schedule and handouts.

Equipment: Handouts, "Suggested Observations"
"Personal Drug Information Checklist"
Large clock with second hand
Sample record book
Thermometers

POINTS TO COVER:

1. Vocabulary and definition

   The "Suggested Observations" handout (see pages 28-30), is discussed and is identified as a tool which can be used to refine observation skills in the caregiver. Terms and definitions identified in the handout can then be related to professional caregivers.

2. Temperature, Pulse and Respirations

   Basic instruction is given in taking a temperature and pulse and in checking respirations (demonstration/return demonstration).

3. Record Keeping

   The importance of daily record keeping is stressed as well as the use of skilled observation. A sample record book (3-ring binder) is shown as an example.

4. Medications

   Instruction is given on the importance of keeping a list of current medications (see Page 31-Drug Information Handout) and on reporting toxicity-medication related side effects to the physician.

5. How to Communicate to Health Care Professionals

   Knowledge and practice of the above 4 points aids the caregiver in reporting important, meaningful information to health care professionals and could save time and effort.

QUESTIONS FOR YOUR COMMUNITY:

1. Who are the health care professionals in your community?

2. Do local pharmacies assist in medication management?

3. Do local pharmacies have home delivery?

4. What businesses in your community carry medication and health care books written for the lay person?

SUGGESTED OBSERVATIONS

(Note that such terms as slight, moderate, severe, large or small amount, etc., are relative and can mean different things to different people. Describe such observations as clearly as possible, stating your information in measurable terms if your can: ie, "frequent" becomes "8-10 times per hour"; or "small amount" becomes "the size of a quarter", etc.)

abdomen - Is the abdomen hard? swollen? tender? enlarged? Is the patient nauseated? Does he belch gas? Does he complain of pain?

appearance - Is the patient flushed? jaundiced (yellow)? pale? weak? nervous? rested? tired? acutely ill? restless?

appetite - Is his appetite good? poor? fair? lacking? Is the fluid intake normal? Is coaxing necessary in offering food or drink? Does the patient take solids or liquids more readily than previously? Can he swallow more easily? Does he have to be fed?

chills - Are chills slight? severe? moderate? of short duration? long? frequent? occasional? continual? convulsive?

cough - Is his cough frequent? rare? dry? occasional? continuous? tight? loose? deep? hacking? rasping? harsh? painful? productive? nonproductive?

ears - Does the patient complain of ringing in his ears? buzzing? dizziness? vertigo: (dizziness with a sense of continual motion)? tenderness? inability to hear? being hard of hearing? Does the patient respond readily when spoken to?

eyes - Are his eyes inflamed? reddened? Do his eyes water? Are his pupils dilated? contracted? unequal in size? Does the patient complain of burning? double vision? blurring, headache?

face - Is his face flushed? jaundiced? pale? swollen? hot? feverish? dry? cold? clammy? moist? Are there facial sores present?

lips - Are his lips pale? cyanotic (blue)? swollen? moist? feverish? Are lesions present?

nose - Is his nose bleeding? Is there a nasal discharge? Is it mucous? watery?

pain - Is the pain severe? slight? dull? throbbing? excruciating? stabbing? cramping? boring? gnawing? faint? burning? sharp? intense? shooting? continuous? of short duration? of long duration? constant? on the right or left side? on the upper or lower part? generalized? Does the pain produce nausea? vomiting? On what limb or part of the body is it located?

perspiration - Is the perspiration excessive? slight? moderate? On what parts of the body does he perspire?

pulse - Is the pulse weak? strong? bounding? thready? fast? Was it taken at the wrist (radial) or apex of the heart (apical)?

respirations - Are the respirations deep? shallow? audible? noisy? labored? painful? wheezing? spasmodic? sighing? gasping? slow? rapid? Does the patient seem to breathe better sitting up?

skin - Is the skin dry? moist? scaly? bruised? jaundiced? edematous? hot? feverish? itchy? Does the patient complain of lack of feeling? where? pain in the joints? Are there reddened areas present on the skin? abrasions? bruised? lacerations (torn parts of skin)? bleeding areas? Are there any dressing in place?

sputum - Is it yellow? green? rusty? light brown? dark red? streaked with blood? bright red? Is the sputum frothy? thick? difficult for the patient to cough up? profuse? scanty? Is the amount large? moderate? small?

stools - Are the stools dark brown? light brown? dark red? black? green? yellowish? clay-colored? tarry? Are the stools formed? semi-liquid? soft? watery? hard? semi-formed? Does the patient complain of pain on defecating? Is the patient incontinent (unable to control) of stool?

urine - Is the urine yellow? light amber? dark amber? bright red? clear? cloudy? Are stones present in urine? Is the odor or urine sweetish? Is the amount of urine small? moderate? large? (Only if not being measured accurately) Does the patient go quite frequently (every 1-2 hours)? Is the patient incontinent of urine (unable to control)? Is urination painful? difficult to start?

vaginal discharge - Is the vaginal discharge bloody? mucous? moderate? large? How often are pads changed? Was the discharge foul smelling?

vomitus - Is the vomitus green? bright red? dark red? rust-colored? brown? coffee ground? fecal? projectile (very forcefully expelled)? Does it contain undigested food? Is vomiting accompanied by dizziness or other symtoms? How soon after meals did it occur?

DISEASE CONDITIONS

Symptoms of certain disease conditions to observe and chart:

cardiac conditions -- Is there chest pain? Does it radiate to other parts of the body? If there is pain radiating to either arm, does it go up or down? Is it accompanied by heaviness in the chest? Is ther shortness of breath? cyanosis? Does the patient perspire? Is the skin warm or cool to touch? Is there any change in the temperature, pulse, respirations, or blood pressure? Is the patient drowsy? What is his appetite? Does his head ache? Does he respond easily when disturbed? Is he conscious? Is he nauseated? Did he vomit?

diabetes - Is the patient irritable or drowsy? What is his appetite? Is he nauseated? Is the skin cold and sweaty or dry and hot? Does the breath smell sweet?

hemorrhage - Is there restlessness? pallor? any external signs of bleeding? How much blood? (size of stain on dressing compared with common coins usually) Is there a change in the patients temperature, pulse or respirations? Is there a change in the blood pressure?

infection - Is ther swelling? Does the area seem hot to touch? Is it reddened? Does the patient seem to have chills? Is there any abnormal drainage from the area or from any part of the body? Is there a change in the temperature, pulse, or respirations?

kidney conditions -- What is the appearance of the urine? How much urine does the patient void at one time? How much in eight hours? Is there swelling of the ankles, hands, or face? Are there symptoms of fever?

neurological disorders - Is there a change in the temperature, pulse, or respirations? Is the patient having tremors? What kind? How often? Where? Is the patient nauseated? Has he vomited? Is he complaining of any headache? Does he respond easily when disturbed? Is he conscious? Is there any signs of change in his pupils? Is his blood pressure rising? Does he show muscle weakness?

respiratory conditions - Does the patient have chest pain? Is there any shortness of breath? cyanosis? Are the respirations difficult? Are they slow? Are they fast? Are there symptoms of infection (see above)? Does the patient cough? Does he bring up sputum? How much? What does it look like (see above)? Does the patient perspire?

American Red Cross

Nursing and Health Services

PERSONAL DRUG INFORMATION CHECKLIST

Patient's name _____

Date _____

Pharmacist _____

Pharmacy _____

Pharmacy telephone _____

Physician _____

Physician's telephone _____

To the pharmacist: Use this form in counseling the patient about his medications.

To the patient: Use this form to assist in asking for information about your medications.

Adapted from "The Right Drug To The Right Patient," copyright 1977, American Pharmaceutical Association. Prepared in cooperation with APhA. Adapted with permission.

Prescription No. _____

Name of drug _____

Purpose for taking this drug is _____

Prescription can be renewed _____ times

Take _____ every _____
(Amount) (How Often)

By _____ for _____
(Route or Method) (How Long)

Circle hours the drug is to be taken

Physical description of the drug _____

This drug should not be taken with _____

This drug should be taken with _____

Possible side effects _____

Contact your physician or pharmacist if the following side effects occur _____

Special instructions _____

Prescription No. _____

Name of drug _____

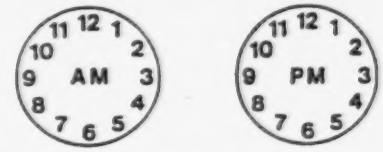
Purpose for taking this drug is _____

Prescription can be renewed _____ time

Take _____ every _____
(Amount) (How Often)

By _____ for _____
(Route or Method) (How Long)

Circle hours the drug is to be taken.



Physical description of the drug _____

This drug should not be taken with _____

This drug should be taken with _____

Possible side effects _____

Contact your physician or pharmacist if the following side effects occur _____

Special instructions _____

APPENDIX A

BASIC HOME NURSING CLASS SCHEDULE

TUESDAY, 1 to 5 P.M.

1:00 - 2:15	Planning for home care
	A. Safety B. Physical environment C. Time management D. Including patient in plans & activities
2:15 - 2:30	Break
2:30 - 3:30	Transfer techniques
	A. Ambulation assistance B. Caregiver body mechanics C. Assistive transfers
3:30 - 4:30	Community resources
	A. San Diego East County resources B. Access to available resources
4:30 - 5:00	Personal care
	A. Bathing

THURSDAY, 1 to 5 P.M.

1:00 - 3:15	Personal care
	B. Grooming C. Skin care D. Prevention of pressure sores E. Toiletting F. Catheter care
3:15 - 3:30	Break
3:30 - 4:00	Nutrition
	A. Special diets B. Planning, preparation and food service C. Fluid intake
4:00 - 5:00	Reporting signs and symptoms
	A. Vocabulary and definition B. Temperature, pulse and respirations C. Record keeping

APPENDIX B

BASIC HOME NURSING OUTLINE

1. Planning home care environment and safety measures

   A. Safety
      *Emergencies
   B. Physical environment:
      Organizing the room for comfort and convenience
   C. Time management:
      Establishing a Flexible Routine
   D. Including patient in plans and activities
      *For Your Patient's Enjoyment

2. Transfer techniques

   A. Ambulation assistance
      *Walking
   B. Caregiver body mechanics
      *How to Move Your Patient Safely
   C. Assistive transfers

3. Community resources

   A. San Diego East County Resources
   B. Access to available resources
      *Consider the Caregiver

4. Personal Care

   A. Bathing
      *Bath Time
   B. Grooming
      *Good Grooming
   C. Skin care
      *Skin Care
   D. Prevention of pressure sores
   E. Toiletting
      *Toiletting
   F. Catheter care

5. Nutrition

   A. Special diets
   B. Planning, preparation and food service
   C. Fluid intake
      *Nutrition

6. Reporting signs and symptoms

   A. Vocabulary and definitions
   B. Record keeping

*Instructor demonstration/discussion (or) video segment from "At Home With Home Care", Billy Budd Films, N.Y., (or) other A/V segment.

APPENDIX C

OBJECTIVES - BASIC HOME NURSING

MODULE 1 Planning for home care

Upon completion of this module and the assigned homework, participants will be able to:

1. Plan a safe, functional arrangement of the home environment to facilitate home care of their patient.
2. Assemble essential equipment and supplies needed to care for predicted patient needs.
3. Describe the patient's role in the home care situation.

MODULE 2 Transfers

Upon completion of this module, participants will be able to:

1. Demonstrate an assistive transfer from bed to chair, wheelchair, or commode, and return to bed.
2. Discuss safety precautions for patient and helper during ambulation and/or transfer.
3. Demonstrate the use of a "gait belt" and discuss appropriate use.
4. Demonstrate good body mechanics during transfers.

MODULE 3 Community resources

Upon completion of this module, participants will be able to:

1. Locate available community resources for assistance in direct care.
2. Identify the range of services offered by agencies identified in printed resource material provided.
3. State the appropriate manner of access to specific identified agencies.
4. Identify personal resources for assistance and discuss specific support activities available.

MODULE 4 Personal care

Upon completion of this module, participants will be able to:

1. Identify the possible consequences to the skin of pressure, friction, excess moisture, and dryness.

2. Describe the benefits of good grooming to the patients' physical, mental, and emotional health.

3. Discuss various safety and assistive devices and equipment available based on their patients' needs.

4. Discuss a plan for bathing and skin care of their patient, in keeping with the patient's self-care abilities.

5. Demonstrate nursing skills needed to provide personal care while maintaining the patient's privacy and dignity.

MODULE 5 Nutrition

Upon completion of this module and the assigned homework, participants will be able to:

1. Identify the basic food requirements.

2. Discuss plans for maintaining adequate nutrition and fluid intake, incorporating their patient's diet and preferences.

3. Identify differences in bland, soft, clear and full liquid diets.

MODULE 6 Reporting signs and symptoms; record keeping

Upon completion of this module, participants will be able to:

1. State specific symptoms the patient's physician has asked them to report.

2. Describe clearly and accurately specific signs that they have observed in their patient.

3. Describe signs that indicate an emergency and discuss appropriate actions.

4. Maintain an adequate record of patient care activities on the form provided.

APPENDIX D

PRETEST

HOME NURSING COURSE - BASIC

Mark the one best answer to each question

1. When arranging a bedroom for home nursing care, it's best to place the bed:

   a. facing a sunny window
   b. with one long side against a wall
   c. head of bed to wall, both sides clear
   d. in the center of the room

2. A walker should be used only by a person who has had a stroke.

   TRUE FALSE

3. Changes caused by aging include:

   a. drying of the skin
   b. loss of memory
   c. defects in judgement
   d. loss of bowel and bladder control

4. The primary caregiver should always be present with the patient so there is consistency of care.

   TRUE FALSE

5. Urine is normally

   a. sterile/clean
   b. contaminated/dirty

6. Elderly people need a daily bath to maintain health and a sense of well-being.

   TRUE FALSE

7. Bedsores, or pressure areas, can develop into life-threatening conditions.

   TRUE FALSE

8. The basic four food groups include: (circle 4 groups)

a. breads & cereals
b. milk & milk products
c. sugar & substitutes
d. meat & meat alternatives
e. fats & oils
f. vegetables & fruit

APPENDIX E

POST TEST

HOME NURSING COURSE - BASIC

Mark the one best answer to each questions

1. When arranging a bedroom for home nursing care, it's best to place the bed:

   a. facing a sunny window
   b. with one long side against a wall
   c. head of bed to wall, both sides clear
   d. in the center of the room

2. A walker should be used only by a person who has had a stroke.

   TRUE FALSE

3. Changes caused by aging include:

   a. drying of the skin
   b. loss of memory
   c. defects in judgement
   d. loss of bowel and bladder control

4. The primary caregiver should always be present with the patient so there is consistency of care.

   TRUE FALSE

5. Urine is normally

   a. sterile/clean
   b. contaminated/dirty

6. Elderly people need a daily bath to maintain health and a sense of well-being.

   TRUE FALSE

7. Bedsores, or pressure areas, can develop into life-threatening conditions.

   TRUE FALSE

8. The basic four food groups include: (circle 4 groups)

a. breads & cereals
b. milk & milk products
c. sugar & substitutions
d. meat & meat alternatives

APPENDIX F

ADVANCED HOME NURSING SCHEDULE

FRIDAY, 9:00 A.M. TO 4:00 P.M.

9:00 - 10:30	The helpless patient
	A. Turning and positioning in bed
	B. Bedpan placement, removal, special care
	C. Bedbath, special skin care
10:30 - 10:45	Break
10:45 - 12:00	D. Exercising your patient
	E. Linen change - occupied bed
	F. Dependent transfers: bed to commode or chair
	1. Body mechanics and transfer techniques
	2. Mechanical lift
12:00 - 1:00	Lunch
1:00 - 2:00	Working with health care professionals
	A. Role of various home-care professionals
	B. Communicating effectively
	1. Vocabulary/definitions
	2. Observations, assessment of patient
	3. Record-keeping
	C. When/how to insist
2:00 - 2:15	Break
2:15 - 3:30	Nutrition and fluid intake
	A. Positioning for eating
	B. Feeding
	C. Special problems and solutions
	D. Choking procedures
3:30 - 4:00	Caring for the caregiver
	A. Assessment of support systems

APPENDIX G

ADVANCED HOME NURSING
OUTLINE

1. The helpless patient

   A. Turning and positioning in bed
   B. Bedpan placement, removal, special care
   C. Bed bath, special skin care
   D. Exercising your patient
      *Exercising Your Patient
   E. Linen change - occupied bed
   F. Dependent transfers; bed to commode or w/c
      1. Body mechanics and transfer techniques
      2. Mechanical lift

2. Working with health care professionals

   A. Role of various home-care professionals
   B. Communicating effectively
      1. Vocabulary/definitions
      2. Observations, assessment of patient
         a. TPR, BP
         b. ADL activities
      3. Record-keeping
         a. medication
         *Medication
         b. other
   C. When/how to insist

3. Nutrition and fluid intake

   A. Positioning for eating
   B. Feeding
   C. Special problems and solutions
   D. Choking procedures

4. Caring for the caregiver

   A. Consider the caregiver
      *Consider the Caregiver
   B. Assessment of support systems

*Instructor demonstration/discussion (or) video segment from "At Home With Home Care", Billy Budd Films, N.Y., (or) other A-V segment.

APPENDIX H

OBJECTIVES - ADVANCED HOME NURSING

The helpless patient (Advanced 6-hour course)

Upon completion of this course, participants will be able to:

1. Demonstrate ability to turn and correctly position a helpless patient in bed.
2. Place and remove a bedpan without assistance from the patient.
3. Perform a complete bed bath, with special attention to identifying potential areas of skin breakdown.
4. Demonstrate measures to counter potential skin breakdown.
5. Identify 5 hazards of immobility; discuss measures to reduce risk to their own patient.
6. Change an occupied bed.
7. Move a helpless patient from bed to chair using dependent transfer techniques or a mechanical lift device.
8. Communicate effectively with health care professionals; take and record vital signs, maintain records.
9. Position their patient for feeding; feed the patient.
10. Demonstrate and explain actions to be taken in case of choking.

APPENDIX I

PRETEST

HOME NURSING COURSE - ADVANCED

Circle T (true) or F (false) for each question.

T F 1. The best position for feeding a patient in bed is to raise the head of the bed 30 degrees.

T F 2. If a person chokes and is coughing a lot, you should apply the Heimlich Maneuver immediately.

T F 3. When feeding a patient, be sure they have swallowed their food before offering more.

T F 4. A bedpan is placed by lifting the patient's hips and sliding the pan under.

T F 5. To prevent pressure sores, keep the bottom bedding smooth and dry.

T F 6. To prevent pressure sores, turn the helpless patient every 4 to 6 hours.

T F 7. Immobility, or lack of movement, can lead to problems with circulation, breathing, bowel elimination, or skin breakdown.

T F 8. Patients confined to bed need the lights left on at night to avoid confusion.

T F 9. When moving a person using a mechanical lift device (like a Hoyer lift), always roll the lift sideways to avoid tips.

T F 10. When a gait belt is used, it should be fastened loosely around the patient's waist.

NAME _____

DATE _____

APPENDIX J

POST TEST

HOME NURSING COURSE - ADVANCED

Circle T (true) or F (false) for each question.

T F 1. The best position for feeding a patient in bed is to raise the head of the bed 30 degrees.

T F 2. If a person chokes and is coughing a lot, you should apply the Heimlich Maneuver immediately.

T F 3. When feeding a patient, be sure they have swallowed their food before offering more.

T F 4. A bedpan is placed by lifting the patient's hips and sliding the pan under.

T F 5. To prevent pressure sores, keep the bottom bedding smooth and dry.

T F 6. To prevent pressure sores, turn the helpless patient every 4 to 6 hours.

T F 7. Immobility, or lack of movement, can lead to problems with circulation, breathing, bowel elimination, or skin breakdown.

T F 8. Patients confined to bed need the lights left on at night to avoid confusion.

T F 9. When moving a person using a mechanical lift device (like a Hoyer lift), always roll the lift sideways to avoid tips.

T F 10. When a gait belt is used, it should be fastened loosely around the patient's waist.

NAME _____

DATE _____

Your calorie and protein needs are greater during illness, treatments, and recovery. Here are ways to boost your diet.

- Add dry milk powder to milk, milk shakes, eggnogs, puddings, mashed potatoes, and casseroles.
- Use milk instead of water when preparing soups, hot cereals, and sauces.
- Add small bite size pieces or blenderized meats to soups, vegetables, casseroles, potatoes, and rice.
- Add grated cheese or chopped hard cooked eggs to mashed potatoes, noodles, rice, and salads. Add a beaten egg to simmering soups.
- Use peanut butter on celery, in sandwich fillings, cookie frostings, and milk shakes.
- Add chopped nuts to desserts, salads, and sandwiches.
- Add raisins or other dried fruits to cereals, salads, puddings, and cookies.
- Add a whipped cream topping to hot and cold beverages, puddings, and jello; fold into fruit salads.
- Add extra butter or margarine to soups, hot cereals, vegetables, potatoes, rice, and pastas.
- Try commercially prepared nutrition drinks (i.e., Instant Breakfast, Meritene, Sustacal, Ensure, etc.) or make your own.

NUTRITIONAL SUPPLEMENTS:

Commercially prepared nutrition drinks* are available at most grocery stores or pharmacies.

Instant Breakfast and Meritene are examples of milk-based beverages that are high in protein and calories, vitamins, and minerals. If you have a problem digesting milk, there are nutritionally complete milk-free drinks available (e.g., Ensure, Osmolite, Isocal, Sustacal, Ensure Plus, etc.).

**These nutrition drinks are supplements—not substitutes for your regular diet.*

GREAT COOKBOOKS:

Something's Got to Taste Good, by Joan Fishmann, R.D.

The Complete Blender Cookbook, by Sylvia Shur

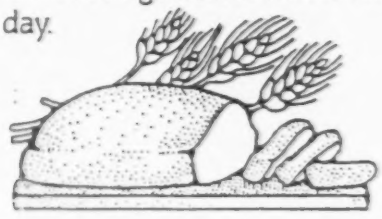
Miracle Blender Cookbook, by Carol Brent

Laurel's Kitchen (vegetarian), by Laurel Robertson

Eating Hints - Recipes and Tips for Better Nutrition During Cancer Treatment, by National Cancer Institute (free). Call Toll Free 1-800-638-6070.

CONSTIPATED:

- Increase your fiber intake. Consume more whole grains, bran, nuts, seeds, and raw fruits and vegetables.
- If chewing or swallowing is difficult, try: bran in cooked whole-grain cereals, grated raw fruits and vegetables, cooked prunes, or warm prune juice.
- Drink a hot beverage before meals and be sure to drink plenty of liquids throughout the day.



DIARRHEA:

- To prevent dehydration, be sure to drink plenty of liquids. Avoid liquids with meals. Drink beverages one-half hour after eating.
- Include foods rich in potassium (e.g., bananas, potato, molasses, avocado).
- Limit the fiber in your diet. Avoid raw fruits and vegetables. Try strained bananas, applesauce, boiled white rice, tapioca, tea, soda crackers, dry toast. Avoid fatty foods like gravy, mayonnaise, chocolate.
- Try limiting your milk intake.
- Supplementing your diet with yogurt may be helpful, especially if you are taking an antibiotic medication.

APPENDIX M

FOODS HIGH IN SODIUM

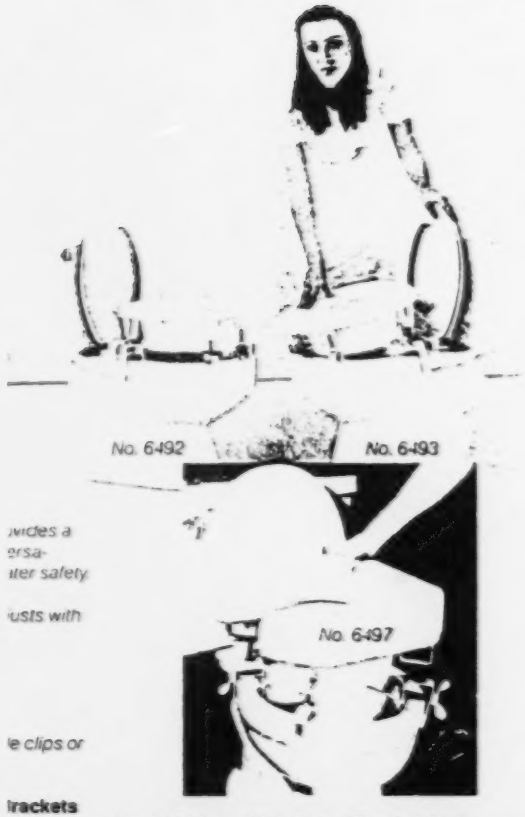
FOODS	PORTION	SODIUM (milligrams)	CALORIES
Salted peanuts	3 Tbsp.	340	300
Salted popcorn	1 cup	350	82
Tomato or V-8 juice	1/2 cup	250	25
Sauerkraut	1/2 cup	560	14
Pickle, dill	1 large	1428	11
Pickle, sweet relish	1 Tbsp.	100	3
Catsup	2 Tbsp.	354	36
Tomato sauce	1/2 cup	523	48
Chili sauce	2 Tbsp.	446	34
Salt	1/4 tsp.	500	-
Onion, garlic or celery salt	1/4 tsp.	500	-

LUMEX

BATHROOM SAFETY PRODUCTS

A LUMEX SPECIALTY
PROTECTED BY A 3 YEAR LIMITED WARRANTY

;EATS



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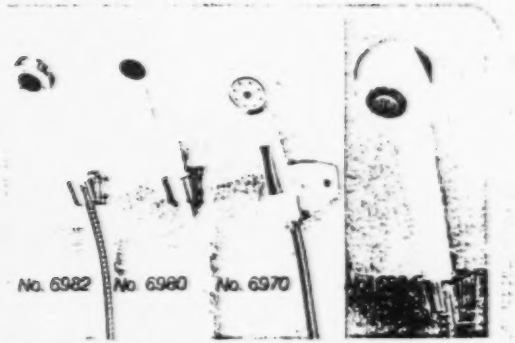
No. 6491 Extra Wide Bowl Clips for 6490
No. 6495 Locking Brackets for Standard Bowls
- *Heavy duty locking brackets provide extra stability.*

No. 6499 Locking Brackets for Extra-Wide Bowls

SHOWER SYSTEMS



Bring the shower to the patient with any easy-to-install Lumex shower system. Ideal for use with bath or transfer seats. All models can be used as either fixed or hand-held showers.

No. 6970 Hand Held Shower
- *On/off control built into handle. Chrome plated hose.*

Aqua-Spa™ Hygienic Shower Systems
- *Built-in water saver control conserves water and energy.*

No. 6980 Economy Hand Held Shower
- *69" white vinyl hose. On/off control built into handle.*

No. 6982 Pulsating Massage Hand Held Shower
- *Choice of standard spray or invigorating, pulsating massage spray. 69" Metaflex™ hose gives look of chrome with flexibility of vinyl.*
- *On/off control built into handle. 5 year warranty.*

No. 6984 Daisy® 3 Shower
- *Choose from 3 sprays—regular full spray, pulsating massage spray, or aerated bidet spray. 69" Metaflex hose as above. 5 year warranty.*

Shower System Accessories/Diverter Valves
- *Divert water flow to standard shower head or hand held shower.*

No. 6990 Solid Brass and Chrome plating *(Not shown)*
No. 6992 White Polypropylene Plastic *(Not shown)*
No. 6995 Tub Spout *(Not shown)*
- *Chrome plated finish; replaces standard tub spout, allows use of spout or hand held unit.*

GRAB BARS

	STRAIGHT BAR					RIGHT ANGLE	LEFT ANGLE
COLOR	12" (30cm)	16" (40cm)	18" (45cm)	24" (60cm)	32" (80cm)	16" x 32" (40cm x 80cm)	
Snow White	No. 4003	No. 4043	No. 4013	No. 4023	No. 4033	No. 4063	No. 4073

Note: Bar lengths measured from center of flanges.

Wall Mounted Decorator Grab Bars

Constructed for durability, strength, and maintenance advantages. Plastic snap-on screw head shields available as option.

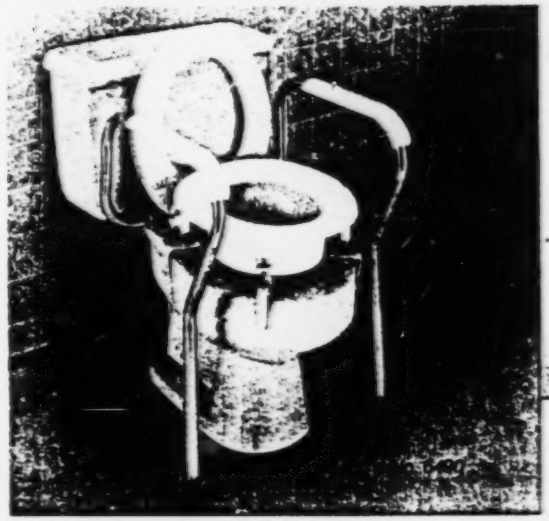
No. 4199 Optional Snap-On Screw Head Shields

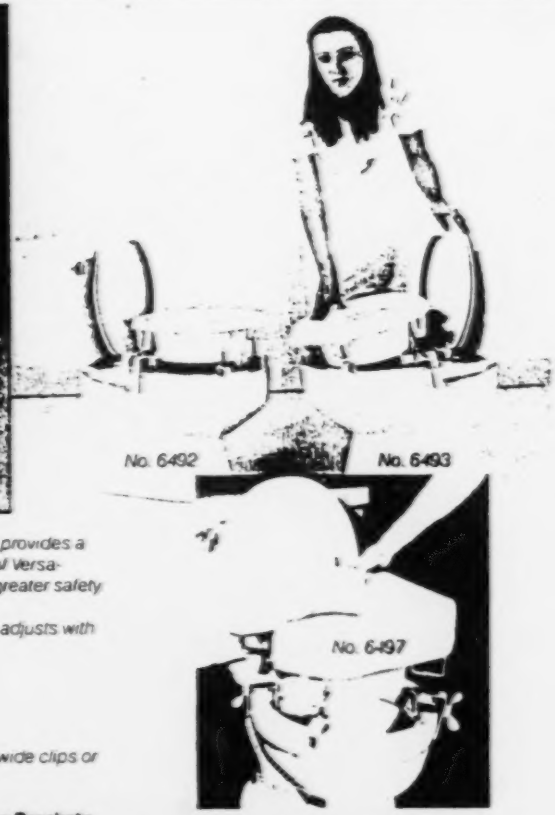
No. 6960 Bathtub Safety Rail

Dual rail at safe height for convenient, positive support in both entering and leaving tub.

- *Easily installed. Extra large suction cups provide positive mounting stability. Will not mar finish.*
- *White VersaGuard® coating will not peel or corrode.*
- *Width adjusts to fit tub walls from 1½" to 6½" thick. Measures 13¾" from tub rim to top of rail.*

SAFETY FRAMES & RAISED TOILET SEATS





Ideal for arthritic, stroke, hip or infirm patients. Reduces straining, provides a sense of security, and assists in patient transfers. A combination of Versa-Frames and Raised Toilet Seats offers maximum assistance and greater safety.

Toilet Safety Versa-Frames

- *Attach securely to most toilets in minutes. Width between arms adjusts with push buttons.*

No. 6450 Standard—Non-Height Adjustable
No. 6460 Height Adjustable
No. 6463 Mounting Bracket

Versa-Height Raised Toilet Seats

- *Angle and height of seat are adjustable. Fits most toilets. Extra wide clips or brackets available.*

No. 6490 Solid Seat w/4 Standard Clip-on Brackets
No. 6492 Solid Seat w/2 Standard Clip-on and 2 Rear Locking Brackets
No. 6493 Soft Seat w/2 Standard Clip-on and 2 Rear Locking Brackets
No. 6497 Multi-Position Open Padded Seat w/4 Locking Brackets

- *Open seat facilitates patient self-care. Seat can be rotated from front to either side or rear mounting. Ideal for spinal cord injured. Thick 4" foam padding.*

No. 6491 Extra Wide Bowl Clips for 6490
No. 6495 Locking Brackets for Standard Bowls

- *Heavy duty locking brackets provide extra stability.*

No. 6499 Locking Brackets for Extra-Wide Bowls

HOME NURSING COURSE ATTENDANCE RECORD

CLASS _____ DATE(S) _____

INSTRUCTOR(S) _____ TIME: _____

NAME	ADDRESS	PHONE #	PATIENT'S NAME & RELATIONSHIP TO YOU
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

APPENDIX P

APPENDIX Q

EVALUATION

CLASS: _____ DATE _____

INSTRUCTOR(S) _____

	Superior	Good	Average	Poor
1. Class objectives met	_____	_____	_____	_____
2. Instructor's mastery of subject	_____	_____	_____	_____
3. Usefulness of information	_____	_____	_____	_____
4. Appropriate teaching methods	_____	_____	_____	_____
5. Questions answered satisfactorily	_____	_____	_____	_____
6. Room and facilities	_____	_____	_____	_____

7. Suggestions for improvement:

8. Comments, please:

9. Was course scheduled at a convenient time?

NAME (Optional) _____

Grossmont
District Hospital

Certificate of Instruction

Grossmont Hospital
awards this certificate to: _____

for satisfactory completion of: _____

on this day: _____

by: _____

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Wood, John. "Labors of Love". Modern Maturity. August-September, 1987. Pages 28-34, 90-94.

RESOURCE LIST (Brochures, pamphlets, films etc.)

"Your Medicare Handbook" and "Guide to Health Insurance for People With Medicare" - free from local Social Security Office.

A comparison chart of Medicare supplemental insurance plans may be purchased from Senior World Publications. (619) 442-4404.

"How to Hire Helpers: A Guide for Elders and Their Families". Available for $2.00 from the Church Council of Greater Seattle Task Force on Aging, 4759 15th Street, N.E., Seattle, Washington 98105.

"Caregiving Tips", "How to Find and Use Community Services", "Taking Care of Yourself", and "Living Arrangement Options". The National Council on the Aging, Inc.. 600 Maryland Avenue, S.W., West Wing 100, Washington, D.C. 20024.

"Taking Care of Your Elderly Relatives", a Sciptographic Booklet by Channing L. Bete Co., Inc., South Deerfield, MA 01373.

"Caregivers Guide: Help for Helpers of the Aging", Blue Cross and Blue Shield of Arizona, Corporate Communications, P.O. Box 13466, Phoenix, AZ 85002-3466, (602) 864-4276.

"Miles Away and Still Caring: A Guide for Long Distance Caregivers", Social Outreach and Support Section, Program Department, American Association of Retired Persons, 1986.

"Family Home Caring Guides", a series of eight guides available for $4.00 per set from National Council on Aging, Publication Department, P.O. Box 7227, Ben Franklin Station, Washington, D.C. 20044.

"Where Do I Go From Here?", Developed by Education Development Center Inc. and Benjamin Rose Institute. Available for rent or sale through EDC Customer Service Center, Suite 701, 55 Chapel Street, Newton, MA 02160.

Family Caregivers of the Aging. The National Council on the Aging, Inc. 600 Maryland Avenue, S.W., West Wing 100, Washington, D.C. 20024. (202) 479-1200.